

# County of San Diego

## County Medical Services (CMS) Program



Physician Handbook  
December 2008

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## **Section I CMS Program**

County Medical Services (CMS) is not health insurance; it is the program of last resort for eligible adults, which covers only necessary medical services. Although the CMS Program reimburses specialty and ancillary providers at interim Medi-Cal rates, it differs from the Medi-Cal entitlement program. Services are limited to the Program Medical Criteria.

### **Handbook – Online Version**

The following link can be used for accessing the online version of this handbook:

<http://www2.sdcounty.ca.gov/hhsa/ServiceCategoryDetails.asp?ServiceAreaID=289>

Click on “Programs”

- Select “Self-sufficiency Programs”
- Click on “View All Services”
- Scroll down to CMS

### **AmeriChoice**

AmeriChoice serves as the CMS Program Administrative Services Organization (ASO) and administers day-to-day activities including case management and coordination of care, utilization review and prior authorization, patient and provider relations, claims payment financial management and program development and analysis.

Questions and concerns about the operations of this program should be directed to:

**AmeriChoice**  
**CMS Program Provider Relations**  
**PO Box 939016**  
**San Diego, CA 92193**  
**(858) 492-4422**

## **Section II Eligibility**

To be eligible for CMS services, patient must:

- Have an immediate or chronic health condition
- Be a US citizen or eligible alien
- Be a resident of San Diego County
- Be 21 through 64 years old
- Not be linked to Medi-Cal (aged, blind, CalWORKS or disabled)
- Be within CMS income limits or receive General Relief
- Be within CMS resource limits
- Sign a lien for services covered by CMS

### **Financial Criteria**

Financial eligibility criteria for the CMS Program are based on resources and income. Resources include, but are not limited to: cash, funds in checking and savings accounts, and real property other than the patient's primary home.

### **Citizenship/Eligible Alien Status**

Patients must have U.S. Citizenship or eligible alien status and must provide proof before certification.

### **Residency**

Patients must live in a primary residence located in San Diego County and must provide proof of residence before certification. A fixed address is not required. Patients living on the streets or in a vehicle can be county residents. Patients "visiting" from other counties, states, or countries are not eligible.

### **Eligibility Appointments**

Human Services Specialists (HSS) are located in select Community Health Centers and Public Health Centers and local hospitals. HSSs are County employees responsible for determining CMS eligibility. Eligibility appointments with HSSs at the Community Health Centers and Public Health Centers are scheduled by calling (800) 587-8118. Patients requesting ongoing CMS must provide a completed Medical/Dental Need Form (CMS-127) to CMS prior to requesting an eligibility appointment. Eligibility appointments with HSSs at the hospitals are scheduled by hospital staff or the Hospital Outstationed Services (HOS) HSS.

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### County Medical Services (CMS) Medical/Dental Need Form (CMS-127)

The CMS Program is defined as a program of last resort for indigent individuals who have a serious medical need. CMS is not health insurance and addresses only urgent health issues. The medical/dental form must be completed by a licensed or certified health care professional or a designee authorized as appropriate by the health care professional and mailed or faxed to CMS Administrative Services Organization (AmeriChoice) before patients can schedule their next certification appointment.

A CMS-127 is **not** needed when:

- AmeriChoice has an approved Treatment Authorization Request (TAR) waiting to be used and the CMS certification is expiring. An approved TAR is verification of a medical need.
- A CMS inpatient (as identified in the Hospital Outstationed Services (HOS) Policy and Procedures manual) has been hospitalized and referred to HOS. The hospital admission is verification of a medical need.
- A CMS beneficiary has been identified by AmeriChoice as having a chronic medical condition.
- A CMS beneficiary has met their Share of Cost obligation in the last month of their CMS certification period.
- A CMS beneficiary was treated in an Emergency Room within the last 30 days.

### **CMS Eligibility**

Patients apply for standard eligibility by completing an application and providing verifications to an HSS. The HSS reviews the application and verifications, and makes the decision to approve or deny. If approved, a CMS ID card and Patient Handbook will be mailed to the patient. Patients are approved for a period of up to 6 months. Upon renewal, patients with asthma, diabetes and/or hypertension may be approved eligibility for up to twelve (12) months. Patients receiving General Relief (GR) do not complete an application or submit verifications. After verifying the patient's identity and receipt of GR, the GR HSS gives the patient a blue CMS ID card and a Patient Handbook.

### **CMS Hardship**

An individual whose family income is over 165% FPL, up to and including 350% FPL, and who meets all other CMS eligibility criteria, will be evaluated for a CMS Hardship. CMS Hardship may result in the individual being required to pay or be obligated to pay a monthly Share of Cost (SOC) before CMS paid coverage would become effective (for more information on SOC, please go to the Section VIII "Claims" in this handbook). CMS Hardship applications are evaluated by the County of San Diego.

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#### Immediate Care

When a non-certified patient requires **immediate** medical care that the clinic cannot provide, the patient should call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660. The Administrative Services Organization (ASO) will evaluate the patient's medical need and if all CMS criteria are met, the AmeriChoice representative will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

#### Emergency Room Care

When a non-certified patient has received treatment in an emergency room and is treated (including observation) and released in excess of 24 hours, the patient must call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were treated in an emergency room and provide the date that the treatment took place. The patient will be required to provide documentation to verify the emergency room service date.

#### Inpatient Care

When a non-certified patient is admitted to the hospital through the emergency room for less than 24 hours, the patient must call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were hospitalized and provide the date that the treatment took place. The patient will be required to provide documentation to verify the date s/he was hospitalized.

#### Scheduled Admissions and Outpatient Care

When a non-certified patient has been scheduled for an admission or outpatient service, the patient should call the CMS Patient Information Line (858) 492-4444 or from North County (760) 471-9660. The patient should inform the customer service representative of the date of the scheduled service. AmeriChoice will evaluate the patient's medical need and if all CMS criteria are met, AmeriChoice will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

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### CMS Identification Card

CMS patients will receive either a blue or a white CMS Identification Card and Notice of Action (NOA). The ID card and NOA are not proof of eligibility and do not authorize services.

Eligibility for patients who applied for CMS after May 12, 2008 should be verified on the CMS IT System website: [www.sdcmspov.com](http://www.sdcmspov.com)

Examples of the CMS Card are shown below:


Blue card: Front

<p align="center"><b>County of San Diego CMS Program ID Card</b> (800) 587-8118</p> <p>Name: _____</p> <p>DOB: _____</p> <p>*Eligible: _____ thru: _____</p> <p align="center"><b>*Loss of Eligibility: See #4 on reverse</b></p> <p>Primary Care Clinic: _____</p> <p>Phone: (    ) _____</p> <p align="center">Call your clinic if you need health care services.</p>
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Back

<ol style="list-style-type: none"><li>1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.</li><li>2. If you have a medical emergency, go to an emergency room or dial 911.</li><li>3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.</li><li>4. If you misuse or alter this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.</li><li>5. You must use all other health insurance before CMS.</li></ol> <p>Other Insurance: _____</p> <p>Patient's Signature: _____</p> <p align="right">Date Issued: _____</p>
--

White card: Front

<p>COUNTY OF SAN DIEGO COUNTY MEDICAL SERVICES P.O. BOX 85222 SAN DIEGO, CA 92186-5222 Phone (800)587-8118</p> <p>Name: John Smith Member ID #: AB-123-987 Medical Home (PCC): Ocean Clinic PCC phone #</p> <p>Eligibility Verification: <a href="http://www.sdcmspov.com">www.sdcmspov.com</a></p>	
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<ol style="list-style-type: none"><li>1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.</li><li>2. If you have a medical emergency, go to an Emergency Room or dial 911.</li><li>3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.</li><li>4. If you alter or misuse this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.</li><li>5. You must use all other health insurance before CMS.</li></ol> <p>Other Insurance: _____</p> <p>Patient's Signature: _____</p> <p>Date Issued: _____</p>
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### Fraud Referral

When you suspect that a patient is not eligible for CMS, you should call the Patient/Provider Coordinator at (858) 492-4422. You should be able to give the patient's name, address, birth date, and Social Security number and the reason you suspect fraud. You can remain anonymous.



## **Section III Medical Policy and Scope of Services**

### **Policy**

The County Medical Services (CMS) Program is a medical assistance program servicing indigent adult residents of San Diego County. CMS provides physical health services for acute and chronic health conditions. It is the policy of the CMS program to provide coverage for physical health services when program medical criteria are met. The CMS Medical Director can deny coverage if established program medical criteria are not met. The provider or the patient has the right to appeal any CMS Program decision that denies a physical health service.

Mental Health Services for adult indigent residents of San Diego County are provided by the County Mental Health Services Division. The following provides a general overview of the CMS program medical criteria and covered services.

### **Medical Criteria**

Medical criteria are used to determine whether or not the CMS program will cover a service or treatment. The CMS program will provide coverage for medical care for an eligible patient whose health condition or symptoms meet the following general criteria:

#### **Life–Threatening**

Major trauma, myocardial infarction (MI), malignant lesions or tumors, cerebral vascular accidents (CVA), etc.

#### **Acute**

Conditions that could lead to medical complications or disability such as benign tumors, fractures, gallbladder and ulcer disease, and infectious diseases, etc.

#### **Chronic**

Conditions that are progressive and require ongoing medical and/or pharmaceutical management such as diabetes, hypertension, asthma, rheumatoid arthritis, etc.

### **Covered Services**

Services covered by the CMS program that do not require prior authorization:

- Evaluation by a primary care provider to determine the nature and severity of a condition and to order treatment
- Follow–up care by a primary care provider for serious or chronic health conditions
- Emergency room care for physical health conditions
- Emergency hospital admissions for physical health conditions

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- Emergency medical transportation for physical health conditions
- Emergency dental care
- Formulary medications. All prescriptions funded by CMS must be approved by the Food and Drug Administration (FDA)

Services covered only when prior authorized by the CMS program:

- Care by a specialist
- Scheduled hospital admissions
- Surgical and diagnostic procedures
- Limited rehabilitation, medical equipment and home health services
- Non-emergency medical transportation
- Optometry exams and supplies
- Non-formulary prescription medications
- Medications and treatment related to preventing organ rejection and/or complication

**Not Covered Services**

The following services/diagnoses are NEVER covered:

- Pregnancy and all services during a pregnancy
- Pediatrics
- Family Planning
- Infertility services
- Sterilization procedures
- Mental Health services
- Drug and Alcohol Treatment
- Primary care services for HIV disease (early intervention)
- Chiropractic care
- Organ and bone transplants and all services related to obtaining a transplant
- Bone marrow transplants
- Experimental Procedures
- Cosmetic Procedures in the absence of trauma or significant pathology
- Non-emergency dental and vision care
- Routine or work examinations
- Completion of medical certificates
- Counseling for lifestyle problems
- Orthodontia
- Non-prescription medications
- Emergency room visits for after care, follow-up, and to obtain prescriptions.
- Medical or Clinical trials, including any medication, treatment, procedure, or professional component related to any clinical trial in which the CMS patient may be involved.

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#### Preventive Care

Patients who are receiving primary care and are diagnosed with long-term, chronic conditions are eligible to receive selected preventive services. Services include:

- Annual ophthalmology and podiatry evaluation for diabetics
- Cholesterol lowering agents for patients diagnosed with diabetes or coronary artery disease

#### Self-Limiting and Minor Conditions

A visit to a primary care provider to effectively evaluate a patient presenting symptom(s) is always a primary care visit to evaluate self-limiting conditions such as flu or cold is always covered. The evaluation of minor conditions, such as head lice, first degree sunburn or mild contact dermatitis is covered. These conditions can be treated with over-the-counter products. The following table lists the ICD-9 codes that are subject for review:

	ICD-9 Code
Hypercholesteremia	272-272.9
Obesity	278.0
Refractive disorders	367-367.9
Low vision	369-369.9
Acute nasopharyngitis	460
Dental disorders Repeat services are covered when the provider is a dentist	521-529.8
Menopausal disorders (except 627.1 – post menopausal bleeding)	627-629
Corns and callosities	700
Keloid scar	701.4
Scar conditions and fibrosis of the skin	709.2
Diseases of the hair	704-704.9
Toxic effects of alcohol	980-980.09
Conditions influencing health status	V40-V49

These diagnoses are not eligible for referral, but specialty care may be approved when there is concomitant pathology.

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#### Stable Long Standing and/or Congenital Conditions

When a condition is not acute or there is no change in the status of the condition, specialty care will NOT be covered. Patients may continue to receive care from their primary care provider as needed. Example conditions are:

- Perforated ear drum without history of recent infection
- Cleft lip/ cleft palate
- Allergies
- Arteriosclerotic heart disease
- Myositis, myalgia
- Fibromyalgia, chronic fatigue
- Nasal fractures (greater than 6 months)
- Chronic back or joint pain
- Implanting and removal (unless imbedded) of IUD devices
- Osteoarthritis

#### Limited Ancillary Health Services and Supplies

- Home health services only for suture removal are covered only when the patients' physical condition renders them "home-bound".
- Diagnostic mammograms for women under 40 years of age; 40 years and older refer to CEDP for diagnostic screening.
- Non-formulary over-the-counter products.
- Custom orthotics are rarely approved. Over-the-counter products are covered with a prescription.
- Dentures – full mouth or anterior stay plate. Patient employment status and health risk are evaluated by AmeriChoice.
- Optometry services – eye exams and glasses
  - Best visual acuity (with current prescription) is 20/50 or worse
  - Patient must have a chronic health condition that requires ongoing treatment or monitoring by the primary care physician
  - Primary care patient for a minimum of 6 months

## **Second Opinion**

AmeriChoice will authorize a request for a second opinion for the patient or provider, or AmeriChoice may suggest a second opinion when any one of the following circumstances are present:

- A more cost-effective treatment option is available.
- Conservative therapy has not been attempted or has not had sufficient time to show results.
- The provider or patient disagrees with the diagnosis and/or the plan of treatment recommended by the specialist.
- The provider or patient is seeking an alternate treatment option that may improve the outcome.
- Patient/provider relationship is hindered.
- Geographic and/or other obstacles prohibit patient from accessing care.

## **Section IV Prior Authorizations and Physician Responsibilities**

The CMS Program reimburses providers for services provided when the patient has been certified for CMS **AND** the services have been prior authorized. The physician's office is responsible for:

- Verifying that the patient is certified for the CMS Program
- Verifying that non-emergent services to be provided to the patient have been prior authorized by the CMS Program
- Submitting a plan of treatment
- Assuring prior-authorization for continued treatment and/or referrals
- Submitting claims in the format and time frame required by the CMS Program

## **Section V Referrals**

The County Medical Services Program maintains a network of Community Health Clinics that serve as “medical homes” to CMS patients, which provide integrated, basic primary care services. In the event the CMS patient requires specialty medical treatment, the primary care physician will complete a CMS Request for Referral Services (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form and submit it to the AmeriChoice Medical Management Department for processing.

### **Evaluations**

Prior authorization is required for an evaluation and/or treatment by a specialty physician:

- Clinic completes the CMS Request for Referral Services (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form identifying the patient, the patient’s dates of eligibility, the reason for the evaluation, the services to be authorized, and the name of the primary care practitioner.
- A brief history and any pertinent test results should accompany the CMS Request for Referral Services (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form.
- The approved form will indicate an evaluation and any additional tests or procedures that are authorized.
- Please send your medical findings back to the referring primary care practitioner.

If a CMS patient presents him or herself to a specialist physician’s office without an authorization, he or she should be referred back to his or her primary care clinic. If the CMS patient has received services for an inpatient stay or an emergency room visit and requires specialty care, please call a CMS Authorization Coordinator for further assistance at (858) 495-1300.

### **Treatment Authorization Request (TAR)**

When it is appropriate for the specialist physician to continue to follow the patient, the physician must submit a written plan of treatment (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form directly to the CMS Medical Management mailing address or FAX number below:

**County Medical Services (CMS) Program**  
**Patient Care Authorization**  
**PO Box 939016**  
**San Diego, CA 92193**  
**FAX: (858) 495-1399**

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All non-clinic, non-emergency services provided to CMS patients must be prior approved.

Authorization from the AmeriChoice is required for:

- All specialty care
- CT scans and MRIs
- Outpatient hospital services such as nuclear studies, hyperbaric treatments, invasive procedures and outpatient surgery
- Scheduled admissions
- Special medical devices and supplies, orthotics and prosthetics, rehabilitation therapy and home health care
- Non-formulary drugs (prior authorization by the Pharmacy Benefits Manager, NMHC)

The CMS Treatment Authorization Request (TAR) form may be used when mailing or faxing the request.

- Patient name, date of birth, Social Security number and CMS eligibility period
- Specific services requested including treatment plan and planned procedures
- Medical findings which indicate the severity of the condition (i.e., copy of SOAP notes including signs and symptoms, history, and physical examination pertinent to the treatment requested, and, when indicated, diagnostic lab and radiology reports)
- Location where the service will be provided (office, ancillary provider or name of facility)
- Anticipated length of stay for scheduled admissions
- Current CPT procedure codes

The authorization generally includes minor office procedures and **routine** laboratory and radiology studies. Please give the authorization number to outside lab or x-ray departments to assist them with their billing.

AmeriChoice will send an approval notice to both the requesting physician and the ancillary vendor when the request has indicated that an allied service (rehab therapies, DMS, outpatient hospital procedure, etc.) is part of the patient's plan of care.

All CMS authorizations are valid for a limited time. To ensure payment, the patient must be seen before the "valid to" date noted on the referral.

#### **Urgent TAR**

AmeriChoice will process a TAR as urgent only when services are needed because of a patient's immediate medical condition. In addition to the usual patient identification, indicate the medical service needed and document sufficient information to establish the medical urgency. Legibility and appropriate documentation is important.



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If the patient's condition is life threatening, refer the patient to the nearest CMS contracting hospital or call 911. Emergency care does not require prior approval; medically necessary ambulance service is covered for eligible patients when taken to a contracted hospital.

#### Notifications – Approval

After the service is reviewed, the physician's office will receive notification of the outcome, usually within five (5) to seven (7) business days. The CMS Treatment Authorization Notification form states the authorization number, the service(s) authorized and the effective dates of the authorization based on either the plan of care or the patient's eligibility dates.

- When the service cannot be provided before the expiration date, contact AmeriChoice Provider Line to request an extension of the time period **before** providing the care.
- Repeated requests for retro authorization due to administrative oversight may result in denials. All claims submitted for services provided beyond the "valid to " date are rejected as outside of the approved period.

#### Notifications – Denial

Only the CMS Program Medical Director can deny a service as medically unnecessary or inappropriate.

#### Reconsideration and Appeal Process

The ordering physician may ask the Medical Director to reconsider the denial for a medical service. The patient is also notified that a service has been denied and is informed of his/her rights and the appeal process. Either party's request for reconsideration must be submitted in writing within thirty (30) days of the date of denial. Send to:

**CMS Program**  
**Attn: Medical Appeals**  
**PO Box 939016**  
**San Diego, CA 92193**  
**Phone: (858) 492-4422**  
**FAX 858 565-4901**

The ASO Medical Management will review the case in depth and may contact the physician or other providers for additional information. The physician and the patient will be notified of the decision within forty-five (45) calendar days from receipt of the request for reconsideration or appeal. Expedited appeals may be requested for urgent requests within three (3) business days.

## **Section VI Inpatient and Emergency Room Services**

### **Inpatient Services**

Inpatient services are services provided to a patient who is admitted to a hospital and receives medical services from a physician during at least a 24-hour period. CMS contracting hospitals are required to notify AmeriChoice within twenty-four (24) hours (extended to the first day following a weekend or holiday) of all emergency admissions for potentially eligible or CMS certified patients. For more information on how a potentially eligible CMS patient may apply for CMS coverage of the inpatient service, please refer to Section II of this handbook. Physicians who have treated a CMS certified patient on an emergency inpatient basis will be paid for these services with an approved admission.

- A single authorization number is provided to the hospital for all facility and physician services provided during that hospital stay.
- Authorizations for emergency admissions are processed and approved only when eligibility is confirmed. Authorization numbers are not released until the eligibility process is complete.

### **Scheduled Admissions and Outpatient Surgery**

Outpatient services are services provided to a patient who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 24 hours. Scheduled, non-emergent admissions and outpatient surgical procedures must be prior authorized by the AmeriChoice Medical Management staff. For information on how a potentially eligible CMS patient may apply for CMS coverage of the outpatient or emergency department service, please refer to Section II of this handbook. Prior approval includes pre-operative diagnostic tests for scheduled surgical admissions and outpatient surgery. These procedures must be provided during the approved time period.

## Section VII Prescription Medications

The CMS Program covers prescriptions and pharmaceutical products listed in the CMS Drug Formulary listing. (All prescriptions funded by CMS must be approved by the FDA). In addition to the list of covered pharmaceutical products, the introduction explains general coverage regulations and directions for obtaining authorization for non-formulary prescriptions.

### Prescriptions

- CMS patients receive approved medications at no cost.
- All prescriptions must be filled at participating pharmacies. (All SAV-ON and CVS Pharmacies in San Diego County as well as independent pharmacies.)
- Patients may receive up to a maximum of a thirty (30) day supply of a prescribed drug. Code I drugs (restricted to a diagnosis or an amount that can be dispensed per month) are clearly marked in the formulary.

### Formulary Exclusions

Drugs and drug types excluded from the CMS Program Drug Formulary Listing are:

- Birth control products and medications for non-pathologic reasons
- Psychotropic and psychotherapeutic therapies prescribed only for mental health conditions
- Experimental drugs or drugs used in an experimental manner
- Non-formulary over-the-counter drugs, prescribed or not
- Nicotine and smoking cessation products
- Organ anti-rejection medications

### Other Products

Contact a CMS Authorization Representative at (858) 495-1300 for authorization of durable medical equipment, wound supplies or nutritional supplements.

### Prior Authorization Process

Requests for non-formulary medication require medical justification **from the physician**. When presented with a prescription for a non-formulary medication, the pharmacy may contact you to consider a formulary alternative.

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To obtain authorization of a non-formulary medication, complete the CMS Drug Prior Authorization Request form and fax the request to:

**NMHC, the CMS Pharmacy Benefit Manager:**

**(NMHC)**

**(800) 945-1815**

**Urgent request may be called to NMHC at (800) 777-0074**

#### **Contracting Facilities**

A listing of primary care clinics, contracting hospitals and pharmacies can be found in Attachment A.

## Section VIII Claims

The AmeriChoice Claims Department processes all claims submitted by hospitals, clinics, specialty physicians and ancillary providers seeking payment from the CMS Program.

### Submission Requirements

All claims must:

- Be for services and service dates that match the certified patient's eligibility and period authorized
- Be submitted electronically or on the CMS-1500 Form (Note: When the patient has other health coverage (OHC), you must submit a claim to the other insurance carrier first, and then attach the other carrier's EOB to the CMS-1500 before submitting your claim to CMS)
- Include the following information:
  - Patient name, birth date, and Social Security Number
  - Date(s) of service
  - Place of Service
  - Vendor and group name, address and phone number
  - Name and address of facility where services were rendered (if different from the billing office)
  - Medi-Cal Provider number
  - Provider Tax ID number
  - ICD-9 Codes
  - Current RVS, CPT, HCPCS, DRG and Medi-Cal codes as indicated
  - Authorization number (TAR control number)
  - Referring physician **required**
  - Full itemization of charges including drugs and supplies provided
  - All documentation and attachments required by Medi-Cal
  - Catalogue page or invoice when submitting an unlisted or "miscellaneous" code
  - Be submitted within thirty (30) days from the date of services but no later than July 31 to:

AmeriChoice, ASO  
County Medical Services (CMS) Program  
Claims Department  
PO Box 939016  
San Diego, CA 92193

### **Checking Claim Status**

AmeriChoice processes claims that are complete and accurate within thirty (30) days of receipt. If you have not received payment within forty-five (45) days, you must call (858) 495-1333 to ask about the claim's status.

### **Share of Cost**

Effective July 1, 2008, CMS Providers are to continue the current billing practice for CMS reimbursement, and the provider will receive full CMS reimbursement for all approved claims regardless of whether their CMS patient has a SOC. The SOC collection shall be seamless to the provider. When the County receives a CMS provider claim for CMS covered services provided to a SOC patient, the County will bill the patient for the amount of their monthly SOC or the amount of CMS services, whichever is less. Individuals will not be billed for any months in which they did not receive CMS services. The County will collect the SOC through June 2009, while automating the process.

### **Reimbursement**

Checks and the Remittance Advice (RA) are produced on twice a month basis. CMS reimbursement is considered payment in full.

You may not bill patients for:

- Any balance of fees or other associated costs after CMS pays for the service(s)
- Any administrative errors (incorrect coding, failure to obtain timely authorization or late submission)

You may bill patients for:

- Unauthorized services
- Services not covered in the CMS Program's medical criteria

### **Notification of Changes to Provider Information**

To ensure that your check is accurate and timely, immediately notify AmeriChoice Claims Department at (858) 495-1333 of any changes in:

- Ownership
- Address (mailing and/or Service site)
- Group Affiliation
- Tax identification number (TIN)

## County of San Diego County Medical Services (CMS) Program

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### Physician Handbook

#### Medi-Cal Pending or Approved

CMS covers necessary medical care for certified patients who are awaiting a Medi-Cal disability determination. Claims for these patients will be processed according to standard CMS claims processing procedures and the program recovers payments directly from Medi-Cal.

- CMS will pay for authorized services when a patient is pending a Medi-Cal determination.
- All claims received after the CMS Program is notified that a patient is awarded Medi-Cal will be denied.
- CMS will notify providers of the Medi-Cal eligibility on the RA.
- Providers cannot bill Medi-Cal for services billed to or paid by CMS. In the event you receive payment from Medi-Cal for a service paid by CMS you must, within thirty (30) days from receipt of Medi-Cal payment, reimburse the CMS Program.
- The Medi-Cal Program often requires prior authorization and medical documentation for specified procedures. CMS requires that you provide the necessary documentation upon request (medical records, Medi-Cal provider numbers) to facilitate revenue recovery for CMS.
- Providers are to notify the CMS Program if they become aware a patient started receiving Medi-Cal.

#### Appeal Process for Denied Claims

When you disagree with the level of payment or the denial of a claim, you must submit a written appeal **within thirty (30) days** of the denial notification. Clearly state the reason for the appeal and provide additional justification for payment. Send all documentation for the appeal to:

**CMS Program Appeals**  
**Attention: Claims Department**  
**PO Box 939016**  
**San Diego, CA 92193**  
**FAX: (858) 495-1329**

If you have questions, call the Claims Department at (858) 495-1333 for instructions about submitting your appeal. AmeriChoice will review the claim and additional information and notify you of the decision within forty-five (45) calendar days.

**Attachment A ..... A**

CMS Program Contracting Hospitals  
CMS Program Primary Care Clinics  
CMS Program Pharmacies



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**CMS PROGRAM CONTRACTING HOSPITALS**

**Alvarado Hospital**

6655 Alvarado Road  
San Diego, CA 92120  
(619) 287-3270

**Scripps Mercy Hospital**

4077 Fifth Avenue  
San Diego, CA 92103  
(619) 294-8111

**Fallbrook Hospital District**

624 East Elder Street  
Fallbrook, CA 92028  
(760) 728-1191

**Scripps Mercy Hospital-Chula Vista**

435 H Street  
Chula Vista, CA 91910  
(619) 691-7000

**Palomar Hospital Medical Center**

555 East Valley Parkway  
Escondido, CA 92025  
(760) 739-3000

**Sharp Chula Vista Medical Center**

751 Medical Center Court  
Chula Vista, CA 91911  
(619) 482-5800

**Paradise Valley Hospital**

2400 East Fourth Street  
National City, CA 91950  
(619) 470-4321

**Sharp Coronado Hospital**

250 Prospect Place  
Coronado, CA 92118  
(619) 522-3600

**Pomerado Hospital**

15615 Pomerado Road  
Poway, CA 92064-2405  
(858) 613-4000

**Sharp- Grossmont Hospital**

5555 Grossmont Center Drive  
La Mesa, CA 91942  
(619) 740-6000

**Promise Hospital of San Diego**

5550 University Avenue  
San Diego, CA 92105  
(619) 582-3516

**Sharp Memorial Hospital**

7901 Frost Street  
San Diego, CA 92123  
(858) 939-3400

**Scripps Memorial – Encinitas**

354 Santa Fe Drive  
Encinitas, CA 92024  
(760) 753-6501

**UCSD Medical Center**

200 West Arbor Drive  
San Diego, CA 92103  
(619) 543-6222

**Scripps Memorial – La Jolla**

9888 Genesee Avenue  
La Jolla, CA 92037  
(858) 457-4123

**UCSD Thornton Hospital**

9300 Campus Point Drive  
La Jolla, CA 92037  
(858) 550-0115

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**CMS PROGRAM PRIMARY CARE CLINICS**

**BORREGO SPRINGS MEDICAL CENTER**

4343 Yaqui Pass Road  
Borrego Springs, CA 92004  
(760) 767-5051

**Julian Clinic**

2721 Washington Street  
Julian, CA 92036  
(760) 765-1357

**Centro Medico—El Cajon**

345 North Magnolia, Suite 103  
El Cajon, CA 92020-3954  
(619) 401-0404

**COMMUNITY HEALTH SYSTEMS**

**Fallbrook Family Health Center**

617 East Alvarado Street  
Fallbrook, CA 92028  
(760) 728-3816

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**Beach Area Family Health Center**

3705 Mission Boulevard  
San Diego, CA 92109  
(619) 515-2444

**Chase Avenue Family Health Center**

1111 West Chase Avenue  
El Cajon, CA 92020  
(619) 515-2499

**City Heights Family Health Center**

5379 El Cajon Boulevard  
San Diego, CA 92115  
(619) 515-2400

**Downtown Family Health Center**

1145 Broadway  
San Diego, CA 92101  
(619) 515-2525

**FAMILY HEALTH CENTERS OF SAN DIEGO  
(Continued)**

**Grossmont/Spring Valley Family Health  
Center**

8788 Jamacha Road  
Spring Valley, CA 91977  
(619) 515-2555

**Logan Heights Family Health Center**

1809 National Avenue  
San Diego, CA 92113  
(619) 515-2300

**North Park Family Health Center**

3544 30<sup>th</sup> Street  
San Diego, CA 92104  
(619) 515-2424

**Sherman Heights Family Health Center**

2391 Island Avenue  
San Diego, CA 92102  
(619) 515-2435

**Diamond Neighborhoods Family Health  
Center**

220 Euclid Avenue, Suite 40  
San Diego, CA 92114  
(619) 515-2560

**IMPERIAL BEACH HEALTH CENTER**

949 Palm Avenue  
Imperial Beach, CA 91933  
(619) 429-3733

**LA MAESTRA FAMILY CLINIC**

4185 Fairmount Avenue  
San Diego, CA 92105  
(619) 280-4213

**El Cajon**

165 South First Street  
El Cajon, CA 92019  
(619) 312-0347

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#### **LA MAESTRA FAMILY CLINIC (Continued)**

##### **Highland**

101 North Highland Avenue, Suite A  
National City, CA 91950  
(619) 434-7308

#### **MOUNTAIN HEALTH & COMMUNITY SERVICES**

##### **Alpine Family Medicine**

1620 Alpine Boulevard #B119  
Alpine, CA 91901  
(619) 445-6200

##### **High Desert Family Medicine**

44460 Old Highway 80  
Jacumba, CA 91934  
(619) 766-4071

##### **Escondido Family Medicine**

255 North Ash Street, Suite 101  
Escondido, CA 92027  
(760) 745-5832

##### **Mountain Empire Family Medicine**

31115 Highway 94  
Campo, CA 91906  
(619) 478-5311

##### **25th Street Family Medicine**

316 25<sup>th</sup> Street  
San Diego, CA 92102  
(619) 238-5551

#### **NEIGHBORHOOD HEALTHCARE**

##### **East County Community Health Services**

855 East Madison  
El Cajon, CA 92020  
(619) 440-2751

##### **El Capitan Family Health Center**

10039 Vine Street  
Lakeside, CA 92040  
(619) 390-9975

#### **NEIGHBORHOOD HEALTHCARE (Continued)**

##### **Escondido Community Health Center–North Elm**

460 North Elm Street  
Escondido, CA 92025  
(760) 737-2000

##### **Escondido Community Health Center–Pennsylvania**

641 East Pennsylvania  
Escondido, CA 92025  
(760) 737-7896

##### **Mountain Valley Health Center**

16650 Highway 76  
Pauma Valley, CA 92061  
(760) 742-9919

##### **Ray M. Dickinson Wellness Center**

425 North Date Street  
Escondido, CA 92025  
(760) 520-8300

#### **NORTH COUNTY HEALTH SERVICES**

##### **Ramona Health Center**

217 East Earlham Street  
Ramona, CA 92065  
(760) 789-1223

#### **OPERATION SAMAHAN INC.**

##### **Camino Ruiz**

10737 Camino Ruiz, Suite 100  
San Diego, CA 92126  
(858) 578-4220

##### **Highland Avenue**

2743 Highland Avenue  
National City, CA 91950  
(619) 474-8686

#### **SAN DIEGO FAMILY CARE**

##### **Linda Vista Health Care Center**

6973 Linda Vista Road  
San Diego, CA 92111  
(858) 279-0925

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**SAN DIEGO FAMILY CARE  
(Continued)**

**Mid City Community Clinic**  
4290 Polk Avenue  
San Diego, CA 92105  
(619) 563-0250

**SAN YSIDRO HEALTH CENTER**

4004 Beyer Boulevard  
San Ysidro, CA 92173  
(619) 428-4463

**Chula Vista Family Clinic**

865 Third Avenue, Suite 133  
Chula Vista, CA 91910  
(619) 498-6200

**National City Family Clinic**

1136 D Avenue  
National City, CA 91950  
(619) 336-2300

**Otay Family Health Center**

1637 Third Avenue, Suite B  
Chula Vista, CA 91911  
(619) 205-1360

**Comprehensive Health Center—Metro**

3177 Ocean View Boulevard  
San Diego, CA 92113  
(619) 231-9300

**SAN YSIDRO HEALTH CENTER (Continued)  
Comprehensive Health Center—Downtown**

120 Elm Street, Suite 110  
San Diego, CA 92101  
(619) 235-4211

**Comprehensive Health Center—Euclid**

286 Euclid Avenue, Suite 302  
San Diego, CA 92114  
(619) 527-7330

**VISTA COMMUNITY CLINICS**

**Tri City Community Health Ctr.**

161 Thunder Drive, Suite 212  
Vista, CA 92083  
(760) 631-5030

**Vista Community Clinic**

1000 Vale Terrace  
Vista, CA 92084  
(760) 631-5000

**Vista Community Clinic –Horne Street**

517 N. Horne Street  
Oceanside, CA 92054  
(760) 631-5009

**Vista Community Clinic–N. River Rd**

4700 North River Road  
Oceanside, CA 92057  
(760) 433-6880

**Vista Community Clinic–West**

818 Pier View Way  
Oceanside, CA 92054  
(760) 631-5250

## County of San Diego County Medical Services (CMS) Program

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#### CMS PROGRAM PHARMACIES

All Target/WalMart and CVS/Sav-On Pharmacies throughout San Diego County

**Alvarado Community Pharmacy**

6367 Alvarado Court #109  
San Diego, CA 92120  
(619) 287-7697

**Clark's Greenfield Pharmacy**

1685 East Main Street, Suite 101  
El Cajon, CA 92021  
(619) 441-5800

**Alvarado Medical Plaza Pharmacy**

5555 Reservoir Drive, Suite 114  
San Diego, CA 92120  
(619) 287-5035

**Community Medical Pharmacy**

750 Medical Center Court, Suite 1  
Chula Vista, CA 91911  
(619) 421-1131

**Asmar Community Pharmacy**

436 S. Magnolia Ave., Ste 102  
El Cajon, CA 92020  
(619) 447-9900

**Community Pharmacy**

29115 Valley Center Road #F  
Valley Center, CA 92082  
(760) 749-1156

**Avocado Pharmacy**

248 Avocado Avenue  
El Cajon, CA 92020  
(619) 442-0417

**Community Pharmacy of Escondido**

757 East Valley Parkway  
Escondido, CA 92025  
(760) 743-6300

**Borrego Community Health Foundation**

655 Palm Canyon Drive, Suite B  
Borrego Springs, CA 92004  
(760) 767-3049

**Community Prescription Center**

640 University Avenue  
San Diego, CA 92103  
(619) 295-6688

**C&A Pharmacy**

488 East Valley Parkway, Suite 101  
Escondido, CA 92025  
(760) 489-1668

**Comprehensive Health Ctr Pharmacy**

3177 Ocean View Boulevard  
San Diego, CA 92113  
(619) 231-9300

**Cedar Pharmacy**

10737 Camino Ruiz #138  
San Diego, CA 92126  
(858) 536-7799

**CVS Pharmacare Specialty Pharmacy**

1010 University Avenue  
San Diego, CA 92103  
(619) 291-7377

**DrugCo Pharmacy**

307 North Ash Street  
Escondido, CA 92027  
(760) 745-6672

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**Fallbrook Pharmacy**

343 East Alvarado Street  
Fallbrook, CA 92028  
(760) 728-3128

**Linda Vista Pharmacy**

2361 Ulric Street  
San Diego, CA 92111  
(858) 277-6145

**Fletcher Med Pharmacy**

8881 Fletcher Parkway, Suite 103  
La Mesa, CA 91942  
(619) 463-7770

**Logan Heights Family Health Center**

1809 National Avenue  
San Diego, CA 92113  
(619) 515-2492

**Galloways Pharmacy**

2995 National Avenue  
San Diego, CA 92113  
(619) 525-1551

**Longs Drugs**

10350 Friars Road  
San Diego, CA 92120  
(619) 563-9990

**Hillcrest Pharmacy**

120 University  
San Diego, CA 92103  
(619) 260-1010

**MED CARE Pharmacy**

161 Thunder Drive, Suite 100  
Vista, CA 92083  
(760) 758-0401

**Imperial Beach Pharmacy**

720 Highway 75  
Imperial Beach, CA 91932  
(619) 424-8143

**Medco Drugs**

1252 Broadway  
El Cajon, CA 92021  
(619) 440-3448

**KB Pharmacy**

5065 El Cajon Blvd.  
San Diego, CA 92115  
(619) 501-8046

**Medical Arts Pharmacy**

8851 Center Drive #110  
La Mesa, CA 91942  
(619) 461-8551

**La Mesa Pharmacy**

8301 La Mesa Boulevard  
La Mesa, CA 91941  
(619) 466-3246

**Medical Center Pharmacy**

340 4<sup>th</sup> Avenue #1  
Chula Vista, CA 91910  
(619) 422-9291

**Leo's Lakeside Pharmacy**

9943 Maine Avenue  
Lakeside, CA 92040  
(619) 443-1013

**Medical Center Pharmacy**

1635 3rd Avenue, Suite A  
Chula Vista, CA 91911  
(619) 585-8818

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**Medical Center Pharmacy**

865 3<sup>rd</sup> Avenue #102  
Chula Vista, CA 91911  
(619) 585-0665

**Medical Center Pharmacy**

765 Medical Center Court #208  
Chula Vista, CA 91911  
(619) 656-2846

**Medical Center Pharmacy**

310 Santa Fe Drive #109  
Encinitas, CA 92024  
(760) 753-9433

**Medical Center Pharmacy**

7930 Frost Street #104  
San Diego, CA 92123  
(858) 560-1911

**Neighborhood Healthcare Pharmacy**

420 Elm Street  
Escondido, CA 92025  
(760) 737-2025

**Nudo's Pharmacy**

455 North Magnolia Avenue  
El Cajon, CA 92020  
(619) 442-0303

**Paradise Valley Pharmacy**

5865 Cumberland Street  
San Diego, CA 92139  
(619) 471-3710

**Park Boulevard Pharmacy**

3904 Park Boulevard  
San Diego, CA 92103  
(619) 295-3109

**PillCo Pharmacy #1**

8575 Los Coches Road, Suite 5  
El Cajon, CA 92021  
(619) 561-5602

**PillCo Pharmacy #2**

2939 Alta View Drive, Suite L  
San Diego, CA 92139  
(619) 470-4550

**PJ's Prescription Shoppe**

3405 Kenyon Street  
San Diego, CA 92110  
(619) 223-5405

**Price Rite Pharmacy**

5115 Garfield Street  
La Mesa, CA 91941  
(619) 469-0161

**Priority Pharmacy**

3935 1<sup>st</sup> Avenue  
San Diego, CA 92103  
(619) 688-2290

**Quality Care Pharmacy**

727 West San Marcos Boulevard, Suite 113  
San Marcos, CA 92069  
(760) 744-5959

**Ralph's Pharmacy**

300 North 2<sup>nd</sup> Street  
El Cajon, CA 92021  
(619) 579-8022

**Ramona Pharmacy**

677 Main Street  
Ramona, CA 92065  
(760) 789-0180

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**Rancho Park Pharmacy**

1331 Encinitas Boulevard  
Encinitas, CA 92024  
(760) 436-2011

**Semca Pharmacy**

286 North Euclid Avenue, Suite 206  
San Diego, CA 92114  
(619) 263-6635

**Rite Aid Pharmacy**

1665 Alpine Boulevard  
Alpine, CA 91901-3859  
(619) 659-1085

**Statscript Pharmacy**

3900 5<sup>th</sup> Avenue #110  
San Diego, CA 92103  
(619) 294-5474

**Rite Aid Pharmacy**

7100 Avenida Encinas C  
Carlsbad, CA 92009  
(760) 431-7380

**Tri City Community Health Center**

161 Thunder Drive #212  
Vista, CA 92083  
(760) 631-5030

**Rite Aid Pharmacy #1**

3650 Adams Avenue  
San Diego, CA 92116  
(619) 563-0802

**TSSI Pharmacy**

7200 Parkway Drive #103, 104 & 105  
La Mesa, CA 91942  
(619) 644-2170

**Rite Aid Pharmacy #2**

4840 Niagara Avenue  
San Diego, CA 92107  
(619) 222-7503

**UCSD Ambulatory Care Pharmacy**

4168 Front Street  
San Diego, CA 92103  
(619) 543-6191

**Rite Aid Pharmacy #3**

4077 Governor Drive  
San Diego, CA 92122  
(858) 453-4455

**UCSD Medical Center Pharmacy**

200 West Arbor  
San Diego, CA 92103  
(619) 543-6191

**San Ysidro Health Center**

4004 Beyer Boulevard  
San Ysidro, CA 92173  
(619) 662-4142

**UCSD Medical Group Pharmacy**

330 Lewis Street  
San Diego, CA 92103  
(619) 471-9235

**Sav Mart Pharmacy**

3445 Midway Drive #A  
San Diego, CA 92110  
(619) 223-2291

**UCSD Moores Cancer Center**

3855 Health Science Drive  
La Jolla, CA 92092-0845  
(858) 822-608



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**UCSD Perlman Pharmacy**

9350 Campus Point Drive

La Jolla, CA 92037-7729

(858) 657-8610

**Vista Community Clinic**

517 North Horne Street

Oceanside, CA 92054

(760) 631-5250

**Upas Pharmacy**

3332 Third Avenue

San Diego, CA 92103

(619) 297-1677

**White Cross Drug Store**

474 Fairmount Avenue

San Diego, CA 92105

(619) 284-1141